

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014276

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

1000

Registrar's No.

471

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR **St. Joseph**

Length of stay in lb
6 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **2846 Olive**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Buchanan**

c. CITY
OR TOWN **St. Joseph**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2846 Olive

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First **MARY**

Middle **ELLEN**

Last **SELIOTES**

4. DATE OF DEATH

Month **April**

Day **5**

Year **1962**

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/22/1892

9. AGE (last birthday)

69

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Falls City, Nebr.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph P. Schulenberg

13b. MOTHER'S MAIDEN NAME

Hanna C. Sheehan

14. NAME OF HUSBAND OR WIFE

George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

no

17. INFORMANT

George Seliotes, 2846 Olive, City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

Instantly
Several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20g. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1959** to **April 5, 1962** and last saw her alive on **April 5, 1962**

Death occurred at **8:15 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Handler

22b. ADDRESS

311 Phys. & Surg. Bldg St. Joseph, Missouri

22c. DATE SIGNED

4-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4/7/1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Heaton Bowman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

April 30, 1962

26. REGISTRAR'S SIGNATURE

Mr. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

E. Handler, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.